

FERENCE & ASSOCIATES

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FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: June 26, 2006
Pages: 30 pages (including this cover sheet)

MESSAGE:

INFORMATION DISPLAY

Application No. 10/656,733
Examiner G. Cunningham
Art Unit 2676

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

JP920020106US1
(590.117)

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Amendment Transmittal

JUN 26 2006

Atty. Docket No. JP920020106US1
(590.117)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Inokuchi et al.
Serial No. : 10/656,733 Examiner : G. Cunningham
Filed : September 4, 2003 Group Art Unit : 2676
For : INFORMATION DISPLAY

Mail Stop Amendment
HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on June 26, 2006 to Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

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Amendment Transmittal

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(590.117)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

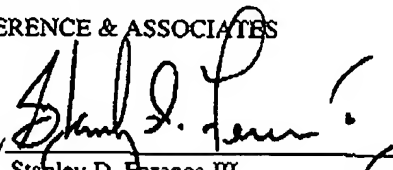
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total	20	-	** 20	=	* 0	x	\$25	=	OR	x	\$50	=
Claims												
Ind.	9	-	*** 9	=	* 0	x	\$100	=	OR	x	\$200	=
Claims												
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	OR	+	\$360	=
							TOTAL = \$		OR		TOTAL = \$	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: June 26, 2006

Mailing Address:

Customer No. 35195
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